

FEB - 4 2011

## IN THE UNITED STATES DISTRICT COURT U.S. DISTRICT COURT U.S. DISTRICT OF TENN.

FOR THE \_\_\_\_\_ DISTRICT OF TENNESSEE

	_		DIVISION			
	Prison Id. No. 12110	_ Name  _ Name	) (List the names of all the plaintiffs ) filing this lawsuit. Do not use "et ) al." Attach additional sheets if ) necessary.			
	Prison Id. NoPlaintiff(s)		Civil Action No  (To be assigned by the Clerk's office. Do not write in this space.)			
v.			) Jury Trial □ Yes □ No ) )			
<u>Cile:</u>		Name Name	<ul> <li>(List the names of all defendants)</li> <li>against whom you are filing this</li> <li>lawsuit. Do not use "et al." Attach</li> <li>additional sheets if necessary.</li> </ul>			
COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED PURSUANT TO 42 U S C. § 1983						
I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)						
Α.			fs in this lawsuit filed any other lawsuits in the ddle District of Tennessee, or in any other federal			
	□ Yes	0				
В.	If you checked the box n	narked "Yes" :	above, provide the following information:			
	1. Parties to the previous	ous lawsuit:				
	Plaintiffs	-1V/A				
	Defendants	NA				

	2	In what court did you file the previous lawsuit?	
		(If you filed the lawsuit in federal court, provide the name of the District. If yo filed the lawsuit in state court, provide the name of the state and the county.	
	3.	What was the case number of the previous lawsuit?	
	4	What was the Judge's name to whom the case was assigned?	
	5.	When did you file the previous lawsuit? (Provide the year, is you do not know the exact date.)	
	6	What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending?	
	7.	When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)	
	8.	Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.	
		□ Yes □ No \\ \\ \\ \\	
		(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)	
II. TH	HE PLAII ust be pr	NTIFF'S CURRENT PLACE OF CONFINEMENT (The following information ovided by each plaintiff.)	
A.	incarce	is the name and address of the prison or jail in which you are currently erated? <u>C. 165 County Seil</u> , Pulcski 700 38478	
B. Are the facts of your lawsuit related to your present confinement?			
	Yes	□ No	
C.	If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.		
D.	Do the f	facts of your lawsuit relate to your confinement in a Tennessee State Prison?	
	Yes Yes	□ No	
	If you ch	necked the box marked "No," proceed to question II.H.	

E. If you checked the box marked "Yes" in question II.D above, have you presente facts to the prison authorities through the state grievance procedure?				
		Yes 🗆 No		
	F.	· · · · · · · · · · · · · · · · · · ·		
		1. What steps did you take? I have whole in my les from stell Infection		
		2. What was the response of prison authorities? I went to the hospiter		
	G.	If you checked the box marked "No" in question II.E above, explain why not.		
H. Do the facts of your lawsuit pertain to your confinement in a detention facility operat by city or county law enforcement agencies (for example, city or county jail, workhous etc.)?				
		Yes $\square$ No		
	I.	If you checked the box marked "Yes" in question II H above, have you presented these facts to the authorities who operate the detention facility?		
		₩ Yes □ No		
J. If you checked the box marked "Yes" in question II.I above:				
		1. What steps did you take? I have wrote arevance about the pan this back in my les is causein,		
		2. What was the response of the authorities who run the detention facility?		
	L.	If you checked the box marked "No" in question II.I above, explain why not.		
grieva	ncey	pies of all grievance related materials including, at a minimum, a copy of the you filed on each issue raised in this complaint, the prison's or jail's response to that and the result of any appeal you took from an initial denial of your grievance.		
Ш. І	PART	TES TO THIS LAWSUIT		
P	A. 1	Plaintiff(s) bringing this lawsuit:		
	1	Name of the first plaintiff: ( ) ON HOLD		
		Prison Id No. of the first plaintiff:		

Ш.

		Address of the first plaintiff: 200 Thomas Carlon D (IN) May .  (16740) wat ('o lage of Palaski TN)  (Include the name of the institution and mailing address, including zip code.
		If you change your address you must notify the Court immediately.)
	2.	Name of second the plaintiff:
		Prison Id. No. of the second plaintiff:
		Address of the second plaintiff. M
		(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)
		If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.
В.	De	fendant(s) against whom this lawsuit is being brought:
	1.	Name of the first defendant. Ciles County Jail
		Place of employment of the first defendant:
		The first defendant's address: 200 Momas Gallen Dr Pulcoll, TW, 58478
		Named in official capacity? ☐ Yes ☐ No Named in individual capacity" ☐ Yes ☐ No
2.	Nam	e of the second defendant:
		Place of employment of the second defendant:
		The second defendant's address:
		Named in official capacity?   Yes   No   No   No   No   No   No   No   N

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

## IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four 4 sides.

My name is loson k Hilfs I was
bit by a bown locas spider in the right
les witch led to a whole in my lyhold les
to my knee cap witch occured on 1-70-11
I Afpod Cell on bottom while sleeping
on the floor witch left a whole of coin
my meds 1-27-11 and C.O. Luga . I have
fold the HAMMINGSTAIGHTON in a Greconce Over
and over the to Mrs. Maistox about my from this
about COMa to the less libery to look
into languat feets of my case kud il here
been refused that tight (10. Lung, Hogo
a bout this and nothin has been done at Shouldent
of been sleeping on the floor and my leg shouldn't
more details. Thank you for your time and
Consideration.
Fine the soul of his soul of the soul of t
Theory with left my lec with a scare with
pain when I walk!
Motery number 5666. There are my regust numbers.
Motory number, 5666. There are my regulat numbers.
V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.
A. Cites County that = $\frac{4}{10000}$
В
C.
_
D
E
F. I request a jury trial Yes $\square$ No
Case 1:11-cv-00009 Document 1 Filed 02/04/11 Page 5 of 9 PageID #: 5

## VI. CERTIFICATION

ormation, knowledge and belief.	
Signature. 4 (47)  Prison Id. No. 12110	Date:
Address: 200 Thomas agtin It	Palaski 7W 384178
(TIL May 7011) 16790 W. Collas	est PulastiTN
(Include the city, state and zip code.)	
Signature:	Date
Prison Id. No.	
Address:	
(Include the city, state and zip code.)	
inchide the city, state and zid code.	

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our)

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed in forma pauperis will be returned. Filing fees, or applications to proceed in forma pauperis, received without a complaint will be returned.

Joson Hilts Spider ble witch led to STaff Infection ailes County Lil 1-26-11 1210pm Terry Kutherfeed el got à maybre for Ceggl Cibery, Nover got to go No Meds for Donner Terry Rusherters Ashed about them, said we will look into never heard bal 1-26-11 asked for Gange and Adabe pad 1-25-11 to Clean my leg el was refusal. Riggs, Sandrell, Rutherfierd, Head 1-29-11 1-28-11 ashed to go to the legal libery witch el was denied 1-25-11 Went to Holloide Hospheiply witch is billed to me,





Clerk, U.S. District Court U.S. Courthouse, Room 800 Nashville, TW 37203 Official Business

RECEIVED

FEB - 4 2011

US DISTRICT COURT MIDDLE DUTRICT OF TE (N

Gifes County Jail
Not Responsible For Contents